EPI-PEN MEDICAL FORM

Dear Parents/Guardians,

Thank you for informing East York Gymnastics Club that your child will be bringing an Epi-Pen with them to one of our programs. We would like to advise you of our procedures with regards to anaphylactic reaction. Enclosed you will find, an **Anaphylaxis Action Plan** sheet. For your child to participate in their chosen program(s), this form must be filled out completely and returned to the front office.

Parents/Guardians are requested to:

1. Complete an Anaphylaxis Action Plan Sheet.
2. Attach a recent photo of your child to the AAP form. The photograph will be used to assist in the identification of your child in case of emergency.
3. Sign the Anaphylaxis Action Plan that would permit staff to assist in the administration of the epinephrine in the case of emergency.
4. Discuss with the child, ahead of time, the importance of wearing the fanny pack with the Epi-Pen at all times.
5. Ensure that while at East York Gymnastics Club, the child carries a non-expired Epi-Pen in a fanny pack at all times.

When the child arrives on site, with an Epi-Pen, the staff/coaches are responsible to:

1. Ensure that they have a completed copy of the paperwork.
2. Ensure the child is carrying a non-expired Epi-Pen in a fanny pack at all times.
3. Ask the parents to review the Anaphylaxis Action Plan and ensure comprehension of the following:

* What the child is allergic to
* What symptoms will the child display in the event of an anaphylactic reaction?
* Where on the child the injection should be administered.
* How the staff can assist in the administration of the Epi-Pen.

In the event of an anaphylactic reaction:

1. The staff can help the child as she/he injects her/himself.
2. OR the staff can administer the Epi-Pen. Please note that staff are not trained medical professionals but have completed the Standard First Aid training and will administer Epi-Pens to the best of their abilities.
3. Staff will call 911 immediately to have an ambulance come to the site.
4. Staff will call parents to inform them of the incident and inform them that the child is being taken to the hospital.
5. Staff will accompany the child to the hospital.

**Epi-Pen Notification Form**

This form enables East York Gymnastics staff to provide medical attention to your child during a severe allergic reaction. The form also outlines the procedures that will be taken by East York Gymnastics Club staff in this situation.

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| Child’s Name: |  |
| Date of Birth: |  |
| Age: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address: | | |  | | | | | |
| Parent/Guardian: | | | |  | | | Cell Phone: |  |
| Home Phone: |  | | | | | | Work Phone: |  |
| Parent/Guardian: | | | | | |  | Cell Phone: |  |
| Home Phone: | |  | | | | | Work Phone: |  |
| Emergency Contact: | | | | |  | | Phone: |  |

In the event of an anaphylactic reaction:

1. The staff can provide assistance to the child as she/he injects her/himself.
2. OR the staff can administer the Epi-Pen. Please note that staff are not trained medical professionals but have completed the Standard First Aid training and will administer Epi-Pens to the best of their abilities.
3. Staff will call 911 immediately to have an ambulance come to the site.
4. Staff will call parents to inform them of the incident and inform them that the child is being taken to the hospital.
5. Staff will accompany the child to the hospital.

**If you have further questions, please feel free to contact the camp co-ordinator Evan Snook at 416-759-6823**

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| --- | --- |
| **MY CHILD’S ANAPHYLAXIS TRIGGERS ARE:** | |
| Peanuts 🞏 Nuts 🞏 Milk 🞏 All Dairy 🞏 Eggs 🞏 Shellfish 🞏 Fish 🞏 | |
| Food Additives (list): |  |
| Medications (list): |  |
| Others (List): |  |

|  |  |  |
| --- | --- | --- |
| **MY CHILD’S ANAPHYLAXIS SYMPTOMS USUALLY ARE:** | | |
| Peanuts 🞏 Nuts 🞏 Milk 🞏 All Dairy 🞏 Eggs 🞏 Shellfish 🞏 Fish 🞏 | | |
| 🞏 Swelling (eyes, lips, face, tongue) | | 🞏 Vomiting |
| 🞏 Difficulty breathing or swallowing | | 🞏 Coughing or chocking |
| 🞏 Cold, clammy, sweaty skin | | 🞏 Stomach cramps, diarrhea |
| 🞏 Flushed face or body | | 🞏 Dizziness, confusion |
| 🞏 Fainting or loss of consciousness | | 🞏 Change of voice |
| 🞏 Other (list) | | |
| **MY CHILD’S EMERGENCY TREATMENT IS:** |  | |
| **EPI PEN:** | 🞏 I have provided an EPI PEN to be carried by staff and to be administered in case of necessity. | |
| 🞏 My child does not require an EPI PEN to be carried by staff. | |

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| --- | --- | --- | --- |
| Parent/Guardian Signature: |  | Date: |  |
| Parent/Guardian Signature: |  | Date: |  |
| Staff Signature: |  | Date: |  |